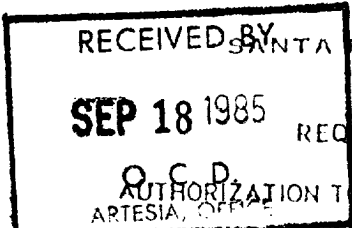


OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

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PRODUCTION OFFICE	



P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Fred Pool Drilling, Inc. / ✓
Address
P.O. Box 1393 Roswell, N.M. 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Crossfire Federal	Well No. 1	Pool Name, Including Formation Artesia Oil Pool	Kind of Lease State, Federal or Federal	Lease 42410
Location Unit Letter H : 1809 Feet From The N Line and 990 Feet From The East Line of Section 12- Township 18S Range 27E, NMPM, Eddy County, N.M.				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil	Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla. 74003					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 12	Twp. 18S	Rge. 27E	Is gas actually connected? no	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Heavy <input type="checkbox"/>	Diff. H <input type="checkbox"/>
Date Spudded 8-18-85	Date Compl. Ready to Prod. 9-10-85		Total Depth 1652		P.B.T.D. 1620 ft/			
Elevations (DF, RKB, RT, GR, etc.) GR 3604	Name of Producing Formation Penrose		Top Oil/Gas Pay 1517		Tubing Depth 1529 ft.			
Perforations 1517-1526 ft.					Depth Casing Shoe -			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8	380 ft.	300 sx Cl C
7 7/8	4 1/2	1645	360 sx (220 sx Hal lite & 140 sx Cl C
	2 3/8	1529	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-11-85	Date of Test 9-12-85	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure 40#	Casing Pressure 40#	Choke Size none
Actual Prod. During Test 25	Oil-Bbls. 25	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Santa Pool
(Signature)
Vice President
(Title)
9-16-85
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 15 1985, 19_____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.